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**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

DARRELL LAW

16 3030

(In the space above enter the full name(s) of the plaintiff(s).)

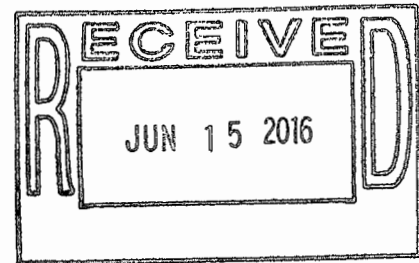
- against -

DELAWARE COUNTY, PENNSYLVANIA;  
DELAWARE COUNTY DISTRICT ATTORNEY  
JACK WHELAN OF THE DE. COUNTY DIST.  
ATT. OFFICE IN MEDIA, PA; THE DE.  
COUNTY SHERIFFS DEPARTMENT; CLERK  
OF COURTS IN THE DISTRICT COURT OF  
LIMA, PENNSYLVANIA AND THE COM-  
MUNITY EDUCATION CENTER INCORPORATED

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name DARRELL LAW  
ID # 16002026  
Current Institution GEORGE W. HILL CORRECTIONAL FACILITY  
Address P.O. BOX 23 A, CHENEY ROAD 500  
THORNTON, PA 19373

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name JACK WHELAN, DIST. ATTORNEY Shield # \_\_\_\_\_  
 Where Currently Employed DE. COUNTY DIST. ATT. OFFICE  
 Address 201 WEST FRONT STREET  
MEDIA, PENNSYLVANIA 19063

Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? GEORGE W.  
HILL CORRECTIONAL FACILITY

B. Where in the institution did the events giving rise to your claim(s) occur? \_\_\_\_\_  
NONE SPECIFIC

C. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_

• BETWEEN MARCH 15, 2016 AND MAY 10, 2016 IN DELAWARE COUNTY

What  
happened  
to you?

D. Facts: WAS ILLEGALLY DETAINED AS A RESULT OF A WARRANT-LESS ARREST. AND, A PROBABLE CAUSE DETERMINATION WAS UNNECESSARILY DELAYED UP UNTIL MAY 10, 2016. MOREOVER, THE VERACITY OF THE PROBABLE CAUSE HEARING EVENTUALLY HELD ON MAY 10, 2016 WAS LESS THAN RELIABLE.

Who  
did  
what?

THE OFFICIALS OF DELAWARE COUNTY, PENNSYLVANIA (SHERIFFS DEPARTMENT, CONSTABLES OFFICE, DELAWARE COUNTY PRISON, DISTRICT ATTORNEY'S OFFICE, ETC.) FAILED TO TAKE ME BEFORE A JUDICIAL OFFICER WITHIN A TIMELY MANNER FOR PURPOSE OF DETERMINING LIKELIHOOD OF CRIMINAL ACT, ACCORDINGLY.

Was  
anyone  
else  
involved?

THE DISTRICT COURT CLERK'S OFFICE AT LIMA, PENNSYLVANIA, PERHAPS EVEN, MAY HAVE A ROLE WITHIN FAILING TO SCHEDULE AND/OR SEND NOTICE TO THE AGENCIES RESPONSIBLE FOR THE TRANSPORTATION, ETC..

Who else  
saw what  
happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

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### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GEORGE W. HILL CORRECTIONAL FACILITY

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? NOT BEING TAKEN  
BEFORE A JUDGE FOR A PROBABLE CAUSE DETERMINATION

2. What was the result, if any? NO RESPONSE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

A PETITION FOR WRIT OF HABEAS CORPUS WAS FILED  
IN THE DISTRICT COURT OF LIMA, PA. ON OR ABOUT THE  
5TH OF APRIL, 2016. see MJ-32248-CR-064-2016  
ANOTHER PETITION IN REGARDS TO THE SAME WAS FILED ON  
OR ABOUT THE 25TH OF APRIL, 2016 IN THE COURT OF COMMON  
PLEAS (DE. COUNTY, PA) see CP-23-MD-1206-2016

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). A. MONETARY AWARD OF \$1,000.00  
FOR EVERYDAY OF CONFINEMENT SPENT WITHOUT A PROBABLE  
CAUSE DETERMINATION IN VIOLATION OF DUE PROCESS RIGHTS



AND LIBERTY INTEREST.

B. THOROUGHLY INVESTIGATE AND REPORT LIKELIHOOD OR ACTUAL EXISTENCE OF RACIAL DISPARITY AND/OR BIAS HAVING AN EFFECT UPON DAY TO DAY OPERATIONS, ADMINISTRATIVE AND JUDICIAL, WITHIN THE DISTRICT COURT(S) OF NOTABLE REGARD IN DELAWARE COUNTY, PA..

C. THE ABOVE SHOULD, ALSO, APPLY TO THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PA..

D. REVIEW AND AMEND POLICIES HAVING AN EFFECT OR INTENTIONAL DESIGN THAT CREATES OR FOSTERS A DRAWN OUT (AND ILLEGAL) PROCEDURE OF WHICH MAY CAUSE DISCOURAGEMENT AND/OR MANIPULATION OF A CRIMINAL DEFENDANT'S APPROACH WITHIN A CRIMINAL PROCEEDING, AT EVERY PHASE.

E. INSTALL A PROGRAM STATEMENT AND POLICY REQUIRING THE DISTRICT ATTORNEY'S OFFICE OF DELAWARE COUNTY, PA., THE DELAWARE COUNTY PRISON (G.W.H.C.F.), DE. COUNTY SHERIFFS DEPT. INTENDED TO UPHOLD THE CONSTITUTIONAL RIGHTS OF ALL CRIMINAL DEFENDANTS AND ENSURE A FAIR PROCEEDING, OVERALL.

#### VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

On  
these  
claims

4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court?

Yes \_\_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this 10 day of JUNE, 2016.

Signature of Plaintiff

Darrell Lewis

Inmate Number

16002026

Institution Address G.W.H.C.F.  
P.O. BOX 23A  
500 CHENEY ROAD  
THORNTON, PA 19373

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of JUNE, 20 16, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Danell Lewis